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PROGRAM MEMO

TO: AREA AGENCIES ON AGING DIRECTORS	NO.: PM 01-11(P)
SUBJECT: Program Data Reporting Requirements-Family Caregiver Support Program	DATE ISSUED: July 3, 2001
REVISED:	EXPIRES:
REFERENCES: PM 00-14(P); Older Americans Act (OAA) Amendments of 2000	SUPERSEDES:
PROGRAMS AFFECTED: <input type="checkbox"/> All <input type="checkbox"/> Title III-B <input type="checkbox"/> Title III-C1/C2 <input type="checkbox"/> Title III-D <input checked="" type="checkbox"/> Title III-E <input checked="" type="checkbox"/> Title V <input checked="" type="checkbox"/> CBSP <input type="checkbox"/> MSSP <input type="checkbox"/> Title VII <input type="checkbox"/> ADHC <input type="checkbox"/> Other: _____	
REASON FOR PROGRAM MEMO: <input checked="" type="checkbox"/> Change in Law or Regulation <input type="checkbox"/> Response to Inquiry <input type="checkbox"/> Other Specify: _____	
INQUIRIES SHOULD BE DIRECTED TO: Data Analysis and Regulations Team at (916) 322-1054	

The purpose of this Program Memo (PM) is to issue new data reporting forms and instructions for the Title III E Family Caregiver Support Program (FCSP). The effective date of this program is July 1, 2001. This PM is being sent in conjunction with PM 01-10(P), which explains the fiscal reporting and program guidelines. Due to the revised Checklist Cover Sheet, this PM also affects the submittal of other paper reports which use the same cover sheet (Brown Bag, Health Insurance Counseling and Advocacy Program (HICAP), Respite, and Senior Employment/Title V).

This PM transmits the following forms and instructions:

- Service Matrix
- Quarterly Service Report (Form & Instructions)
- Annual Profile Report (Form & Instructions)
- Revised Checklist Cover Sheet for Paper Program Reports



BACKGROUND

The November 2000 amendments to the Older Americans Act (OAA) of 1965 created Title III E, the National Family Caregiver Support Program (FCSP). This new program contains five support services: “(1) information to caregivers about available services; (2) assistance to caregivers in gaining access to the services; (3) individual counseling, organization of support groups, and caregiver training to caregivers to assist the caregiver in making decisions and solving problems relating to their caregiving roles; (4) respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and (5) supplemental services, on a limited basis, to complement the care provided by caregivers” [The Older American Act of 1965 as amended in 2000, Title III, Part E-National Family Caregiver Support Program, Section 373(b)-Support Services; 42 U.S.C. 3030s-1(b)].

During the first two years of this new program, the Administration on Aging (AoA) requires State Units on Aging to collect data under the five support services. The reporting requirements at this time include expenditures, units of service, and the number of persons served. The AoA hopes to gather information that will help build a system to address the performance and outcomes of this and other programs. The data collection system developed for the initial trial phase will not allow us to report on outcomes, but is the first step toward that end.

During the first few years of the program, California Department of Aging (CDA) will gather basic service and client profile information with the intent to assist the Area Agencies on Aging (AAA) in further addressing issues relating to needs assessment, program planning, and evaluation. In addition, these data will be compared to anticipated results of the Performance Outcomes Measures Project’s Caregiver Satisfaction Survey. Through all of these activities, a better understanding of caregiving throughout the State will be obtained in this two-year initial period. The knowledge gained will be used in making final decisions on long-term data collection and reporting needs.

SERVICE MATRIX

The Service Matrix (see attached) is provided for determining what services to fund and report on and the measures to be used for each service. This is the document you should use for determining allowable services.

Service categories, definitions, and units of service have been developed to fit within the broader support services contained in federal law. These new caregiver services have been developed considering existing NAPIS definitions; however, they have been slightly modified to conform to the FCSP. Services from the Community-Based Services Programs and from the Title III Management Information Systems Manual, Division 4000, were also used to develop services that conform to the new program objectives. A reference column on the Service Matrix identifies the basis for the service definitions. The last two columns of the matrix indicate whether or not the data being requested is descriptive of the caregiver and/or the care receiver.

Important Note: In the final version of the Service Matrix, “personal care” was removed from supplemental services. Personal care services are incorporated under the types of services that might be used for “respite.” Therefore, these personal care services belong as a part of respite services, not as a stand-alone supplemental service.

REPORTING REQUIREMENTS

The FCSP reporting requirements will be a paper, aggregated data system. The FCSP paper reports should be mailed along with any other paper reports due at the appropriate due dates (refer to PM 00-14).

FCSP service performance data supported by One-Time-Only (OTO) funding must be separately reported and distinct from performance reports supported by baseline funding (see check boxes at the top of the Quarterly Service Report, CDA 272). Check the box appropriate to the funding source. It is therefore possible to have two FCSP Quarterly Reports sent at one time, if both OTO and baseline funds were used to support services in that quarter.

Quarterly Service Report (CDA 272)

The Quarterly Service Report (CDA 272) will require the AAAs to record the number of units of service provided for each service and the number of people served for each of the five support services. When the line to the left of the service category contains an “R”, detailed profile data collection and reporting will be required. Those services without an “R” designation will not require the collection or reporting of detailed profile information. Detailed instructions can be found on the reverse side of the form. This report is due 30 days after the end of the quarterly reporting period (October 30, January 30, April 30, and July 30).

Annual Profile Report (CDA 273)

Totals for detailed client data will be recorded on the Annual Profile Report (CDA 273) for all services designated with an “R.” This information is required on caregivers and care receivers. This form will contain demographic information based on unduplicated counts. To obtain unduplicated counts, each person must be assigned a unique identifier. Detailed instructions can be found on the reverse side of the form. Information on care receivers will come from their caregivers during the intake process. It is not expected that care receiver profile information be obtained directly from care receivers. This report is due 60 days after the end of the annual reporting period (August 30).

Revised Checklist Cover Sheet (CDA 271)

This reporting form has been revised to include space for the FCSP. The form must be used with all programs using paper reports, which in addition to the FCSP are: Brown Bag, HICAP, Respite, and Senior Employment/Title V.

Supplemental Services “Other”

"Other" is an option under Supplemental Services that gives AAAs the flexibility to design a unique category of service not available under the other definitions in the Service Matrix. Prior approval by CDA will be required before funds can be allocated to “Other”. To obtain approval, the AAA must send a written request to the assigned AAA-Based Team, attention FCSP Committee. The request should include:

- Service name, definition, and proposed service unit, and
- Justification for the need to develop a new service.

The request will be reviewed, and a response will be forwarded to the AAA within 15 business days to either approve the expenditure, request additional information, or deny the activity. If the request is approved, the AAA will then be asked to furnish CDA with the number of units to be purchased and the appropriate Area Plan goal and/or objective(s) tied to the units.

CDA encourages AAAs to develop and maintain client specific databases (variables linked to client identifiers) for all FCSP services, to the extent feasible and cost efficient. All data collected from registered and non-registered services during this two-year period must be preserved for five years from the start of the trial period, unless a written release is obtained from CDA for earlier disposal.

Both the Quarterly Service Report (CDA 272) and the Annual Profile Report (CDA 273) should be sent with the Checklist Cover Sheet (CDA 271). For additional information on paper reports, see PM 00-14(P). All data reports should be sent to:

California Department of Aging
DART – Reports
1600 K Street
Sacramento, CA 95814

Original signed by Lynda Terry

Lynda Terry
Director

Attachments

CHECKLIST COVER SHEET for Paper Program Reports

This cover sheet must accompany each submission of paper data reports.
Check all Programs and Months that apply.

The enclosed packet contains the following paper reports for State Fiscal Year _____ - _____.

PSA #	Brown Bag	HICAP	Respite	Senior Employment (Quarterly)	FCSP Service (Quarterly)	FCSP Client Profile (Annually)
Quarter 1						
July	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
August	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
September	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quarter 2						
October	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
November	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
December	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quarter 3						
January	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
February	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
March	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quarter 4						
April	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
June	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I state that, to the best of my knowledge, the information reported in the enclosed reports is true and accurate.

Print Name:

Phone Number:

Authorized Signature / Title:

Date:

Send reports to:
California Department of Aging
DART-Reports
1600 K Street
Sacramento, CA 95814

<input type="checkbox"/>	One Time Only Funds
<input type="checkbox"/>	Baseline Funds

Family Caregiver Support Program

Quarterly Service Report

Report Period Ending(Mo/Yr):

Report Submission Date:

P S A Number:	Name of Agency Reporting:		
	Name of Person Completing Report:	E-mail Address:	Telephone No. ()

Total Served*

Section 1 SERVICE INFORMATION

Units

	Outreach	# Contacts	
	Community Education	# Hours	

Section 2 ACCESS

	Information and Assistance	# Contacts	
R	Comprehensive Assessment	# Hours	
R	Case Management	# Hours	
	Transportation	# 1-way Trips	
R	Assisted Transportation	# 1-way Trips	

Section 3 CAREGIVER SUPPORT

R	Counseling	# Hours	
	Caregiver Support Group	# Hours	
	Caregiver Training	# Contacts	

Section 4 RESPITE

R	Total Respite	# Hours	
	In-Home	# Hours	
	Day Care	# Hours	
	Institutional	# Hours	

Section 5 SUPPLEMENTAL SERVICES

R	Minor Home Modification	# Occurrences	
R	Placement	# Placements	
R	Homemaker	# Hours	
R	Chore	# Hours	
R	Home Security	# Occurrences	
R	Visiting	# Hours	
R	Assistive Devices	# Single Occurrences	
R	Home Delivered Meals	# Meals	
	Legal Assistance	# Hours	

* Totals served are caregiver totals for each section. There may be duplication.

FAMILY CAREGIVER SUPPORT PROGRAM QUARTERLY SERVICE REPORT (INSTRUCTIONS)

- **One-Time-Only or Baseline Funds-** Indicate which service type was provided by checking the appropriate box in the upper right corner of the form.
- **Report Period Ending-** Enter the month and year of the quarter being reported.
Example: Quarter ending September 30, 2001, enter 09/01.
- **Report Submission Date-** Enter the date the report is completed for submission.
- **PSA Number-** Enter your Planning and Service Area number.
- **Name of Agency Reporting-** Enter your Area Agency on Aging name.
- **Name of Person Completing Report-** Enter the name of the person completing the report.
- **E-mail Address-** Enter the e-mail address of the person completing the report.
- **Telephone Number-** Enter the telephone number of the person completing the report.

Sections 1 through 5 Each section relates to a support service requirement of the Family Caregiver Support Program. Under each section is a list of possible units of service. Note that Section 4, Respite, contains 3 subcategories (in-home, day care, and institutional). The subcategory subtotals should add up to equal the total number of respite hours.

Column one (1) If the line contains an R (for registered clients), detailed client data is required (see Annual Profile Report-CDA 273).

Column two (2) This column contains the service category and unit of service.

Column three (3) This column is for reporting the number of service units for each service provided. Units should be reported by service. The resulting number should be entered into the space provided in this column. For example, if one service provider in the PSA made 50 caregiver outreach contacts and another made 25, the total number of units entered for outreach contacts would be 75. Hours should be rounded to the nearest whole number.

Column four (4) This column is for reporting the total number of caregivers served per quarter for each of the support services (sections 1 through 5). The number served may be duplicated.

The Quarterly Service Report is due 30 days after the end of the quarterly reporting period. Please send FCSP reports with the Checklist Cover Sheet (CDA 271) to:

California Department of Aging
DART-Reports
1600 K Street
Sacramento, CA 95814

If you have any suggestions for improvement or questions regarding this form, you may e-mail Mark Sticklin at: mstickli@aging.state.ca.us

Family Caregiver Support Program

Annual Profile Report

Report Period Ending(Mo./Yr.):

Report Submission Date:

P S A
Number:

Name of Agency Reporting:

Name of Person Completing Report:

E-mail Address:

Telephone No.

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Profile Data		Caregivers	Care Receivers
Total Served in the Reporting Period			
Gender	Male		
	Female		
Age	0-18		
	18-59		
	60-64		
	65-74		
	75-84		
	85+		
Race/Ethnicity	White		
	Black or African American		
	American Indian and Alaska Native		
	Asian		
	Native Hawaiian and Other Pacific Islander		
	Hispanic Origin (of any race)		
Marital Status	Married		
	Single/ Never Married		
	Separated		
	Divorced		
	Widowed		
Employment	Full-time		
	Part-time		
	None		
Relationship	Spouse		
	Grandparent		
	Child/Children(under 18)		
	Other Family		
	Non-family		
Multiple Caregiving	Cares for More Than 1 Person		
Poverty	At or Below Poverty Line		
Rural	Lives in a Rural Area		
Living Arrangement	Lives with Others		
	Lives Alone		
APS Referral	Care Receiver at Risk		

FAMILY CAREGIVER SUPPORT PROGRAM ANNUAL PROFILE REPORT (INSTRUCTIONS)

- **Report Period ending-** Enter the month and year of the reporting period end date. The month will be June.
Example: For fiscal year ending June 30, 2002, enter 06/02.
- **Report Submission Date-** Enter the date the report is completed for submission.
- **PSA Number-** Enter the Planning and Service Area number.
- **Name of Agency Reporting-** Enter the Area Agency on Aging name.
- **Name of Person Completing Report-** Enter name of person completing the report.
- **E-mail address-** Enter the e-mail address of the person completing the report.
- **Telephone number-** Enter the telephone number of the person completing the report.

Column one Profile Data. The profile data column contains demographic categories on persons served. Registered caregivers and care receivers served under this program should be recorded under this report if the service provided is noted with an "R" in the left column of the Quarterly Service Report. In some cases, profile data will not be required on both the caregiver and care receiver (see column three care receiver). It is not expected that the AAA survey the care receiver. Information on the care receiver will come from their caregiver during the intake process. Profile data is not required on care receiver when the space is grayed out on the form.

Column two Caregivers. The first row (Total Served) is for reporting the number of unduplicated (registered) caregivers served during the reporting period. Rows beginning with the profile data (e.g. Gender) should indicate the total number of males and females served. There is no category for missing data. If data is missing, the profile data totals in one category may not equate to the total served in other categories.

Column three Care Receivers. Row one (Total Served) should contain the number of unduplicated (to the extent possible) care receivers served during the reporting period.

PROFILE DATA EXPLANATIONS:

The intent of collecting the annual profile data is to receive information on the unduplicated number and characteristics of caregivers and care receivers. Quality control is very important for this program. Data gathered from these reports will be used to support reports to the legislature.

Employment- Full-time employment means 30 hours or more per week.

Part-time employment means less than full time.

Relationship- Record all relationships that apply. For caregivers caring for multiple individuals, record all relationships between caregivers and care receivers applicable to the program. In the caregiver column, for example, record the number of caregivers for a spouse. If a caregiver is caring for a spouse and two grandchildren, record all relationships. In this example, under the caregiver column, count one spouse, one grandparent. Under the care receiver column, count two children. The only time a relationship is recorded in the care receiver column is when the care receiver is a child under 18 years of age.

Poverty- For poverty refer to Title III guidelines.

Rural- See NAPIS guidelines or from the caregiver's perspective.

APS Referrals- Local Adult Protective Services has referred the caregiver to the AAA because the care receiver is at risk of abuse or neglect.

Annual Profile Reports are due 60 days after the end of the annual reporting period, August 30. Please send FCSP reports with the Checklist Cover Sheet (CDA 271) to:

California Department of Aging
DART-Reports
1600 K Street
Sacramento, CA 95814

If you have any suggestions for improvement or questions regarding this form, you may e-mail Mark Sticklin at: mstickli@aging.state.ca.us

Family Caregiver Support Program Service Matrix

<u>Caregiver Criteria</u> Eligible for Title III E Funded Services	<u>Care Receiver Criteria</u> Qualifies the Caregiver to Receive Title III E Funded Services
<p style="text-align: center;">18 or older</p> <p>Adult family member, or another individual, who is an informal provider of in-home and community care to an older individual. ("Older individual" is defined as one who is 60 or older). Meets eligibility criteria for Older Americans Act programs, Title III, Part E, Section 372(2).</p>	<p style="text-align: center;">60 or older</p> <p>Meets eligibility criteria for Older Americans Act programs, Title III, Part E, Section 373(a)(1) and Title I, Section 102(28).</p>
<p>Grandparent or step-grandparent or relative by blood or marriage, who is 60 or older, lives with the child, is the primary caregiver (because the parents are unable or unwilling), and has a legal relationship or is raising the child informally. Meets eligibility criteria for Older Americans Act programs, Title III, Part E, Section 372(3).</p>	<p style="text-align: center;">18 or under</p> <p>Meets eligibility criteria for Older Americans Act programs, Title III, Part E, Section 372(1).</p>

Support Services	Service Categories/Units of Service/Definitions	Reference¹	Caregiver Profile Data²	Care Receiver Profile Data²
Service Information	<p>Outreach - 1 Contact</p> <p>Interventions initiated by an agency or organization for the purpose of identifying potential caregivers and encouraging their use of the existing services and benefits. (Note: Units refer to individual, one-on-one contacts between a service provider and a caregiver.)</p>	N 14	N/A	N/A
	<p>Community Education – 1 Hour</p> <p>To educate groups of caregivers about available services.</p>	MIS 09	N/A	N/A

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.

Support Services	Service Categories/Units of Service/Definitions	Reference ¹	Caregiver Profile Data ²	Care Receiver Profile Data ²
Access (Assistance to caregivers in gaining access to services)	Information and Assistance – 1 Contact A service for caregivers that: (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are available; and (D) to the extent practicable, ensures that the individuals receive the services needed by the individuals and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures.	N 13	N/A	N/A
	Comprehensive Assessment – 1 Hour To collect information about a caregiver with multiple needs (social, environmental, physical, or mental) and determine the necessary supportive or other appropriate services to meet those needs. (May require a home visit).	MIS 32	YES	YES
	Case Management – 1 hour To provide assistance either in the form of access or care coordination in circumstances where caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics, which require the provision of services by formal service providers. Activities of case management include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment, as required.	N 06	YES	YES
	Transportation – 1 One Way Trip To provide a means for caregivers to go from one location to another.	N 10	N/A	N/A
	Assisted Transportation – 1 One Way Trip To provide assistance, including escort, to a caregiver who has difficulties (physical or cognitive) using regular vehicular transportation.	N 09	YES	N/A

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.

Support Services	Service Categories/Units of Service/Definitions	Reference ¹	Caregiver Profile Data ²	Care Receiver Profile Data ²
Caregiver Support	Counseling – 1 Hour To provide guidance and casework support for caregivers by trained social workers or other professionals, in order to enable the caregiver to make more effective use of services.	MIS 07 CBSP 57	YES	YES
	Caregiver Support Group – 1 Hour Meeting A group of three to twelve caregivers led by a competent facilitator, having the purpose of providing the caregivers with a forum to exchange “histories”, information, encouragement, hope, and support.	MIS 18	N/A	N/A
	Caregiver Training –1 Contact A workshop or one-on-one session to assist caregivers to develop the skills necessary to perform caregiving activities, including decision making and problem solving.	NEW	N/A	N/A
Respite	Respite Care Services – 1 Hour To provide temporary, substitute supports or living arrangements for a brief period of relief or rest for caregivers. It can be in the form of in-home respite, day care respite, or institutional respite for an overnight stay on an occasional or emergency basis. Specify in-home, day care, or institutional.	CBSP 34	YES	YES
Supplemental Services (complements the care provided by caregivers- Limited to 20%)	Minor Home Modification – 1 Occurrence Minor modifications of homes that are necessary to facilitate the ability of caregivers to remain at home and that are not available under other programs.	MIS 01	YES	YES
	Placement – 1 Placement To assist a caregiver in securing appropriate living arrangements.	MIS 22	YES	YES

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.

Support Services	Service Categories/Units of Service/Definitions	Reference ¹	Caregiver Profile Data ²	Care Receiver Profile Data ²
	<p>Homemaker – 1 Hour To provide assistance to caregivers with the inability to perform one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.</p> <p>Chore – 1 Hour To provide assistance to caregivers having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.</p> <p>Home Security and Safety – 1 Occurrence To provide services for the caregivers' security and safety screening of their home environment, and by the provision of safety features such as: medical alert, grab bars, lock and deadbolts, smoke and burglar alarms, and emergency cash assistance for one time payment of energy bills.</p> <p>Assistive Devices – 1 Single Occurrence To provide for rental or purchase and monthly fee service of electronic communication devices, emergency response equipment, and similar equipment to provide caregiver access to meet emergency needs (does not include telephones). Provides for purchase of items such as body braces, orthopedic shoes, walkers, and wheelchairs.</p> <p>Visiting – 1 Hour To visit a caregiver to provide reassurance and comfort.</p>	<p>N 02</p> <p>N 03</p> <p>MIS 36 MIS 15</p> <p>CBSP 39</p> <p>MIS 31</p>	<p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p>	<p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p>

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.

Support Services	Service Categories/Units of Service/Definitions	Reference ¹	Caregiver Profile Data ²	Care Receiver Profile Data ²
	Home Delivered Meals – 1 Meal To provide a caregiver under 60 years of age not eligible under Title III C, a meal which: <ul style="list-style-type: none"> a) Complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture); b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Recommended Dietary allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; c) provides, if two meals are served together, a minimum of 66 and 2/3 percent of the current daily RDA; although there is no requirement regarding the percentage of the current RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and d) provides, if three meals are served together, 100 percent of the current daily RDA; although there is not a requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients. 	N 04	YES	YES
	Legal Assistance – 1 Hour To provide the caregiver with legal advice, counseling, and representation by an attorney or other person acting under the supervision of an attorney.	N 11	N/A	N/A
	Other (Requires prior CDA approval). Send a written request describing the proposed service including: The service name, a precise definition, the unit of measure, and a justification.	N 15	To be determined	To be determined

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.